

**Section 111 Mandatory Reporting
Profile Report**

Reporter ID: 000036371

Date: 11/18/2016
Profile Changed: 10/06/2016

BCRC EDI Representative: BRUNETTE JULES-ALMONOR
Email: BALMONORJULES@EHMEDICARE.COM

Phone: (646) 447-2024

Company Information:

TIN: 640897726
NAIC: 92214

Name: MISSISSIPPI DEPARTMENT OF CORRECTIONS
Address: 723 N. PRESIDENT ST.

Phone: (601) 359-5682
Fax: (601) 359-5293

JACKSON MS 39202-3021

Reporter Type: Non-GHP
Line of Business: X Worker's
Compensation
HRA: n
DDE:

Authorized Representative:

Name: RICK MCCARTY
Title: DEPUTY COMMISSIONER
Address: 723 NORTH PRESIDENT ST.

Phone: (601) 359-5682

JACKSON MS 39202-3021

Email: RMCCARTY@MDOC.STATE.MS.US

Account Manager/Technical Contact:

Name: CARL AYESTAS
Title: COMPLIANCE OFFICER
Address: 3510 CAUSEWAY BLVD
SUITE 400
METAIRIE LA 70002-

Phone: (504) 883-8411

Email: CAYESTAS-SCHIP@CCMSI.COM

Submission Agent (if applicable):

Company: EXAMWORKS CLINICAL SOLUTIONS
Name: SCOTT HUBER
Address: 2397 HUNTCREST WAY, STE 200

Phone: (866) 672-3453 x1122

LAWRENCEVILLE GA 30043-

**Section 111 Mandatory Reporting
Profile Report**

Reporter ID: 000036371

Date: 11/18/2016

Profile Changed: 10/06/2016

BCRC EDI Representative: BRUNETTE JULES-ALMONOR

Email: BALMONORJULES@EHMEDICARE.COM

Phone: (646) 447-2024

Corporate Information:

Reporting Information:

Submission Period:	03
Scheduled Submission Dates (mm/dd):	01/15
	04/15
	07/15
	10/15
Est. No. Paid Claims:	1,000

**Section 111 Mandatory Reporting
Profile Report**

Reporter ID: 000036371

Date: 11/18/2016

Profile Changed: 10/06/2016

BCRC EDI Representative: BRUNETTE JULES-ALMONOR

Email: BALMONORJULES@EHMEDICARE.COM

Phone: (646) 447-2024

File Transmission Method:

Query-Only File:

Transmission Methodology: SFTP

CMS Mailbox:

Claim File:

Transmission Methodology: SFTP

CMS Mailbox:

Tln. Ref. Response File:

Transmission Methodology: SFTP

CMS Mailbox:

Section 111 Mandatory Reporting Profile Report

Reporter ID: 000036371

Date: 11/18/2016
Profile Changed: 10/06/2016

BCRC EDI Representative: BRUNETTE JULES-ALMONOR
Email: BALMONORJULES@EHMEDICARE.COM

Phone: (646) 447-2024

Please review and sign this page if information is correct. **Return signed page to the BCRC within 30 days of the date of the date on this report. Please note that if the BCRC has not received this signed report within 60 days of the date of this report, you will be placed in "Discontinued" status.**

via Fax: (646) 458-6761
via Email: COBVA@GHIMedicare.com <mailto:COBVA@GHIMedicare.com>
via mail: Mandatory Insurer Reporting Program
P.O. Box 660
New York, NY 10274-0660

SAFEGUARDING & LIMITING ACCESS TO EXCHANGED DATA

I, the undersigned Authorized Representative of the Responsible Reporting Entity (RRE) defined above, certify that the information contained in this Registration is true, accurate and complete to the best of my knowledge and belief, and I authorize CMS to verify this Information. I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged for the purposes of complying with the Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1106 of the Social Security Act [42 U.S.C. § 1306], Section 1874(b) of the Social Security Act [42 U.S.C. § 1395kk(b)], Section 1862(b) of the Social Security Act [42 U.S.C. § 1395y(b)], and the Privacy Act of 1974, as amended [5 U.S.C. § 552a]. The Responsible Reporting Entity and its duly authorized agent for this Section 111 reporting, if any, shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by CMS. I agree that the only entities authorized to have access to the data are CMS, the RRE or its authorized agent for Mandatory Reporting. RREs must ensure that agents reporting on behalf of multiple RREs will segregate data reported on behalf of each unique RRE to limit access to only the RRE and CMS and the agent. Further, RREs must ensure that access by the agent is limited to instances where it is acting solely on behalf of the unique RRE on whose behalf the data was obtained. I agree that the authorized representatives of CMS shall be granted access to premises where the Medicare data is being kept for the purpose of inspecting security arrangements confirming whether the RRE and its duly authorized agent, if any, is in compliance with the security requirements specified above. Access to the records matched and to any records created by the matching process shall be restricted to authorized CMS and RRE employees, agents and officials who require access to perform their official duties in accordance with the uses of the information as authorized under Section 111 of the MMSEA of 2007. Such personnel shall be advised of (1) the confidential nature of the information; (2) safeguards required to protect the information, and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.

Signature of Authorized Representative: _____

Date: _____